



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

BENZEL C MACMASTER
8220 WALNUT HILL LN SUITE 310
DALLAS TX 75231

Respondent Name

TRAVELERS CASUALTY INS CO

Carrier's Austin Representative Box

Box Number 05

MFDR Tracking Number

M4-12-3212-01

MFDR Date Received

JUNE 26, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We then received an electronic remittance dated April 11, 2012 stating the carrier could not identify the patient, [injured employee], HIC #461991149, as their insured. This ERA was processed on April 23, 2012, according to the 'History of Selected Claim', although it is dated April 11. On April 25, 2012, we sent a paper claim to the carrier, along with all the electronic information noted above. A letter was attached stating why the bill was being sent on paper and pointing out that this was not the first date of submission. It was also pointed out that they returned the social security number of the patient, so it made no sense that they could not identify the patient. Carrier denied payment on their EOR of May 21, 2012, and a request for reconsideration was sent on June 4, 2012."

Amount in Dispute: \$2,016.12

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider submitted the disputed billing to the Carrier outside the timeframe required by Rule 133.20(b). Per Rule 102.4(h), the submission date is the later of the signature date or date received minus five days. In this instance, the received date is the later date, as shown by the bill image attached. Based on Rule 102.4(h), the Carrier received the billing in dispute on 05-01-2012, which makes the submission date 04-26-2011 for the date of service in dispute. The submission date is 96 days after the date of service. Therefore the Provider's billing was not timely submitted within 95 days as required by Rule 133.20(b), and the Provider is not entitled to reimbursement. The Provider alleges timely electronic filing of the medical bills at issue, and support of the contention submits a 'Standard Paper Remittance'. This bill detail was not issued by the Carrier. A review of the bill details indicates that the billing information is not incomplete. The bill detail does not contain either a claim number or a date of injury. As such, there was no means to electronically identify and submit this bill to the Carrier. This is further supported by the denial statement at the bottom of the Remittance indicating that the patient cannot be identified as insured. The DCN (document control number) assigned to this bill by the Carrier starts with the year received as documented on the bill image attached ('W12'). This indicates the bill was received in hard copy (electronically received bills DCN starts with zeros). This DCN is assigned when the bill is received and reported back to the electronic file. The would be reported on the confirmation back to the provider; however, on the examples submitted with the Request for Medical Fee Dispute Resolution, no Document or Bill Control Number is provided. The Carrier has not record of receiving this bill electronically as alleged by the Provider. The Carrier contends the Provider is not entitled to reimbursement."

Response Submitted by: Travelers, 1501 S. Mopac Expressway, Ste. A-320 Austin TX 78746

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 20, 2012	CPT Codes 27792 and 27829	\$2,016.12	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – The time limit for filing has expired.
 - W4 – No additional reimbursement allowed after review of appeal/reconsideration.
 - TXH3 – Per Texas Labor Code 480.027 [sic], bills must be sent to the [sic] carrier on a timely basis, within 95 days from dates of service..

Issues

1. Is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied..." Review of the documentation submitted by the requestor finds that no convincing documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	October 4, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.